

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Jarron Wade Durielle Bure :
Full Name of Plaintiff Inmate Number 05-28483 :

v. :

Civil No. 4:25-CV-00574 :
(to be filled in by the Clerk's Office) :

Miller, Matthew L :
Name of Defendant 1 :

() Demand for Jury Trial :
() No Jury Trial Demand :

Ruby, Wade :
Name of Defendant 2 :

Martin, Wade :
Name of Defendant 3 :

Josh, Shapiro :
Name of Defendant 4 :

Ryan, Gardner :
Name of Defendant 5 :

(Print the names of all defendants. If the names of all :
defendants do not fit in this space, you may attach :
additional pages. Do not include addresses in this :
section). :

**FILED
WILLIAMSPORT**

MAR 31 2025

PER EA :
DEPUTY CLERK :

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

ADDITIONAL DEFENDANTS

Defendant #6

Name: Metzger, Scott JOB TITLE: Commissioner

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: PA ZIP: _____

Defendant #7

Name: Connors, Jennifer L JOB TITLE: DA Extradition

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: PA ZIP: 17701

Defendant #8

Name: Carlos, Paniagua JOB TITLE: Lycoming County Children & Youth ServiceADDRESS: 899 Cherry St MontoursvilleCITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #9

Name: Wheeland, Melissa JOB TITLE: County Agency SupervisorADDRESS: 899 Cherry St MontoursvilleCITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #10

Name: Quick, Laura JOB TITLE: Lycoming County Children & Youth ServiceADDRESS: 899 Cherry St MontoursvilleCITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #11

Name: Penaloza, Eldiasgremil JOB TITLE: US Blue Raven Services

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

Defendant #12

Name: Trick, Matthew R JOB TITLE: State trooper #13606ADDRESS: 899 Cherry St MontoursvilleCITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #13

Name: Keeler, Jamesan S JOB TITLE: State trooper #12116ADDRESS: 899 Cherry St MontoursvilleCITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #14

Name: Simpler, Michael JOB TITLE: Chief Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #15

Name: Sorage, Stephen JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #16

Name: Duck, Arnold JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #17

Name: Dincher, Leonard JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #18

Name: Irvin, Calvin JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #19

Name: Clark, Loretta JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #20

Name: Barrett, Donald JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #21

Name: Hope, Joseph JOB TITLE: Detective
ADDRESS: 48 West Third Street
CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 217701

Defendant #22

Name: Marino, Tom JOB TITLE: District Attorney
 ADDRESS: 48 West Third Street
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 17701

Defendant #23

Name: Yates, Phoebe JOB TITLE: District Attorney
 ADDRESS: 48 West Third Street
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 17701

Defendant #24

Name: Travis Pena C JOB TITLE: State Trooper #10644
 ADDRESS: 899 Cherry St Montoursville
 CITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

Defendant #25

Name: Nicole Springs JOB TITLE: Chief Public Defender
 ADDRESS: 48 West Third Street
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 17701

Defendant #26

Name: Shoemaker (LCP) JOB TITLE: Warden
 ADDRESS: 277 W 3RD Street
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: PA 17701

Defendant #27

Name: ~~Tyler~~ Tyler Calkins JOB TITLE: Public Defender/Attorney
 ADDRESS: _____
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 17701

Defendant #28

Name: Timothy Reits JOB TITLE: Court Appointed Attorney
 ADDRESS: _____
 CITY: _____ COUNTY: Lycoming STATE: PA ZIP: _____

Defendant #29

Name: Lycoming County Prison Staff JOB TITLE: Lt Rogers, Brad Bayshore
 ADDRESS: 277 W. 3RD Street Counselor
 CITY: Williamsport COUNTY: Lycoming STATE: PA ZIP: 17701

Defendant #30

Name: Parker, Rebecca JOB TITLE: Youth Aid Supervisor
 ADDRESS: 899 Cherry St Montoursville
 CITY: Montoursville COUNTY: Lycoming STATE: PA ZIP: 17754

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Jarron Wade Durielle Boie

Name (Last, First, MI)

05-28483

Inmate Number

Lycoming County Prison

Place of Confinement

277 W. 3RD Street

Address

Williamsport, Lycoming, PA 17701

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Miller, Matthew L Badge # 12378

Name (Last, First)

State Trooper

Current Job Title

Montoursville PSP, 899 Cherry st Montoursville

Current Work Address

Williamsport, Lycoming, PA 17754

City, County, State, Zip Code

Defendant 2:

Ruby, Wade

Name (Last, First)

ADA District Attorney (Lycoming County Courthouse)

Current Job Title

48 West Third Street

Current Work Address

Williamsport, Lycoming, PA, 17701

City, County, State, Zip Code

Defendant 3:

Martin L. Wade

Name (Last, First)

District Attorney (Lycoming County Courthouse)

Current Job Title

48 West Third Street

Current Work Address

Williamsport, Lycoming, PA, 17701

City, County, State, Zip Code

Defendant 4:

Shapiro, Josh

Name (Last, First)

Governor

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Gardner, Ryan

Name (Last, First)

District Attorney (Lycoming County Courthouse)

Current Job Title

48 West Third Street

Current Work Address

Williamsport, Lycoming, PA, 17701

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

222 Ban Road Muncy PA, 17756 My home where I saw my step daughter's THC Vape pens, the day before new year's Eve when she wasn't home, when she did get home an notice her Weed pens were missing she waited on the second time when her mother had to go to the hospital when I had my new born daughter, to lash out on me while I was lock in the Bedroom with my daughter.

B. On what date did the events giving rise to your claim(s) occur?

Their paperwork says December 29th, I'm saying December 28th

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was told that me and my child's mother nicole Kitha that we would both speak with the case worker together about these false allegations but instead I was told to up an leave my residents with family have to drive out of state to randomly pick me up God willingly, and losing my job an having to temporarily Move an relocate and keep in contact with a state trooper about my situation and status which he stated that I had the current option of coming in to talk to him or not. I was made out to look like something that I wasn't in all their paperwork. They arrested me at my new current job near my mother an stepfather in North Carolina April 20th 2023. And the Lycoming County Prison Staff in some shape way of form was preventing me from getting my current federal paperwork out, and would not allow my minor messes on here to be covered with whiteout to try to make it more neater.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

Amendment 5
Protect self incrimination

Amendment 6
Right to speedy/public trial and counsel and to confront

Amendment 8
Prohibits excessive bail and cruel unusual punishment

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

November 18th ankle muscle injury

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Dismiss with ~~prejudice~~ prejudice, both types of relief for my family

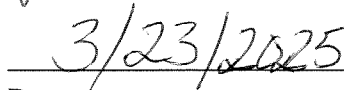
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

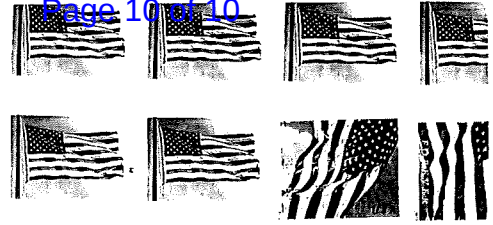


Signature of Plaintiff



Date

Jarron Buie #05-28483
Lycoming County Prison
277 W. 3RD Street
Williamsport, PA 17701



RECEIVED
WILLIAMSPORT

MAR 31 2025

PER EA
DEPUTY CLERK

Office of The Clerk
United States District Court
Middle District of Pennsylvania
U.S. Courthouse, Suite 218
240 West Third Street
Williamsport, PA 17701-6460

Official Business